

## Recent Healthy Families Program Changes Effective July 1, 2002

- **Accelerated Enrollment in No-Cost Medi-Cal** – Starting July 1, 2002, most children who are screened at Single Point of Entry as being within the income guidelines for no-cost Medi-Cal will be granted immediate coverage under the no-cost Medi-Cal Program. The Accelerated Enrollment (AE) to Medi-Cal will cover the entire month that the child's coverage begins (e.g., AE granted 8/15/02, Medi-Cal coverage for the entire month of August 2002) and continues until the County makes a determination of the child's eligibility for regular no-cost Medi-Cal. This new process will ensure children have access to medical coverage under the Medi-Cal Program while the County Social Services Department is making a complete determination of the children's eligibility under the Medi-Cal Program. Beneficiary Identification Cards (BIC) are sent directly to the applicant and should arrive in about 7 to 10 days after AE is established.
- **Truing-up Premium Payments** – Starting July 1, 2002, the first month's premium payment for the HFP will be applied to the first full month, after coverage has begun. This means all premiums will be whole dollar amounts and the first month will no longer be pro-rated based on the number of days covered in the first month. This change will simplify the payment process and make the determination of the fourth free month, when 3 months of premiums are paid in advance, easier to determine.
- **New Premium Statements** – Did you hear that the monthly statements for the HFP have changed? In the past, only those applicants who had a balance owed on their account were sent a statement. To improve the communication and ensure timely notification of a change of address, the HFP has resumed mailing a redesigned monthly statement to all applicants, even if there is a credit on the account. The new statements are in five languages – English, Spanish, Korean, Vietnamese, and Chinese.
- **American Indian/Alaska Natives Premium Waiver** – Beginning July 1, 2002, the HFP premiums will be waived for up to 2 months for American Indian/Alaska Native (AI/AN) children, if the child(ren) being applied for has AI/AN heritage. If the applicant has indicated on the application (i.e., ethnic code 5a or 5b) that a child applying for HFP has AI/AN heritage, the HFP premium will be waived for up to 2 months. This 2-month period will allow families time to submit appropriate AI/AN verification for their child(ren) who is enrolled in the HFP. Co-payments are still required to receive services during this period and the health plans will not receive the AI/AN data until certification is granted. If the verification is not submitted within this 2-month period, the HFP will begin billing the families on a prospective basis.
- **Affidavit of Income** – Starting July 1, 2002, applicants may submit an affidavit of income (i.e., a signed statement) when the person who receives the income cannot provide documentation. An affidavit can only be used when other forms of acceptable documentation of income cannot be provided. When using an affidavit of income as documentation of income, certain criteria for the affidavit need to be met. These include:
  - The amount and frequency of income received;

- A declaration that the individual cannot provide other documentation of his/her income at the time of the application to the program, and that the information is true and correct to the best of the individual's knowledge and belief;
- An acknowledgement that the individual understands that the information contained in his/her affidavit may be subject to verification by the State; and,
- The signature of the individual providing the affidavit of income and the date of the signature.

Please note, many persons who receive cash compensation, do not have deductions withheld by an employer, or do not receive a pay stub may in fact be self-employed. In these cases, the applicant should submit a profit and loss statement for the most recent 3 months, or 1040 Federal Tax Form with Schedule C, to verify their earned income.

- **HFP Income Rules** – Starting July 1, 2002, the Healthy Families Program (HFP) will use the same household and income rules that are used to screen children for no-cost Medi-Cal at Single Point of Entry. These new rules will include all countable household members in separate budget units (i.e., family size) for each child being applied for but only the income of the person(s) who is financially responsible for that child will be counted (e.g., a parent is responsible for a child; a child with income is responsible for themselves; but a step-parent is not responsible for step-children; and siblings are not responsible for other siblings; etc.). This change provides greater assurance that children do not fall between Programs, and better aligns the HFP with the Medi-Cal for Children Program.
- **Health-e-App** – Health-e-App is the first Web-based application in the United States to enroll uninsured children into public health insurance programs. One of the benefits of the Health-e-App is that it provides the CAA and the applicant a preliminary Healthy Families/No-Cost Medi-Cal eligibility screening in “real time”. The Healthy-e-App also has the ability to keep track of the applications in progress, those submitted, and the status of the Enrollment Entity (EE) reimbursement fees. CAAs will be able to access information about the applications that they submitted, or which are still pending.
- **Healthy Families Family Member Line** – The Healthy Families Program (HFP) now has a dedicated toll-free telephone line for HFP members. Customer Service Representatives are available to assist program members with billing inquiries, change of address requests, or to obtain other information about their account by calling 1-866-848-9166. The Customer Service Representatives can provide information in 11 different languages to applicants who call the Healthy Families toll-free line.
- **HFP to Medi-Cal Bridging Coverage** – Beginning with families that receive their AER packages in July 2002 (with September 2002 anniversary month), and that have children who are determined to be below the HFP income an additional 2 months of coverage will be granted under the HFP. This additional coverage is called the HFP Bridging coverage. During the HFP Bridging coverage, the application and all supporting documentation will be forwarded to the County Welfare Department (CWD) for a no-cost Medi-Cal determination, if the applicant provided authorization. If the applicant did not provide authorization, the HFP Bridging coverage will still be granted and the applicant will be sent a “Reconsider Medi-Cal” form. If this form is returned, HFP will forward the application and all supporting documentation to the CWD. In order to continue the HFP Bridging coverage, the applicant must continue to pay his/her premiums. Disenrollment

from the HFP will be effective 2 months after the end of the month of the subscriber's anniversary date.

- **Electronic Fund Transfer (EFT)** – Starting July 1, 2002, families who pay their monthly premium by Electronic Funds Transfer (EFT) will receive a 25% discount on their monthly premium. This important change will allow families using EFT to receive the same benefit as those who pay for 3 months at one time and then get the fourth month free. The authorization form to begin the EFT process is on the back of the billing statement sent to the applicant each month.
- **Sponsorship (any 12-month period)** – In the past, sponsorship for children could only be for the initial 12 consecutive months of coverage. Beginning July 1, 2002, sponsorship can now be for any 12 consecutive month period. The same guidelines that applied before in regards to who can/cannot be a sponsor, how to sponsor a family, etc., still apply. Discounts for payments in advance (pay 3 months, get 1 month free) still do not apply to sponsors.
- **New MC 210 Mail-In Medi-Cal Application** – The Medi-Cal Program has revised the MC 210 Mail-In Medi-Cal application to allow the applicant to authorize his/her application to be forwarded to the HFP, if a child has been determined to be above the no-cost Medi-Cal income level. Those MC 210 applications with a revision date of August 2001 contain this new authorization in Section 8. Families should be encouraged to sign this authorization to ensure their child(ren) have access to health coverage in either the no-cost Medi-Cal or the Healthy Families Program.